

Case Number:	CM13-0049361		
Date Assigned:	03/31/2014	Date of Injury:	09/20/2012
Decision Date:	04/28/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 46-year-old male with a 9/20/12 date of injury. At the time (6/10/13) of the request for authorization for 1 continuous passive motion unit, there is documentation of subjective (right shoulder pain that radiates to the right side of the neck and to the right shoulder blade) and objective (tenderness to palpation over the greater tuberosity, positive Hawkins', positive Neer's, positive external rotation/abduction, forward flexion 170, abduction 170, internal rotation T6 (80), and external rotation 60 degrees) findings, current diagnoses (right shoulder strain/sprain and right shoulder post-op status post operative intervention 1/21/13), and treatment to date (physical therapy). There is no documentation of adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 CONTINUOUS PASSIVE MOTION UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous passive motion (CPM).

Decision rationale: MTUS does not address the issue. ODG identifies documentation of adhesive capsulitis up to 4 weeks/5 day per week, as criteria necessary to support the medical necessity of continuous passive motion. ODG also notes that continuous passive motion is not recommended for shoulder rotator cuff problems, after shoulder surgery, or for nonsurgical treatment. Within the medical information available for review, there is documentation of diagnoses of right shoulder strain/sprain and right shoulder post-op status post operative intervention 1/21/13. However, there is no documentation of adhesive capsulitis. Therefore, based on guidelines and a review of the evidence, the request for 1 continuous passive motion unit is not medically necessary.